



Michigan Mental Health Commission

established by Governor Jennifer Granholm's Executive Order 2003-24

MENTAL HEALTH COMMISSION MEETING SUMMARY

May 24, 2004
Doubletree Hotel
Novi, Michigan

Commissioners Present

Patrick Babcock and Waltraud Prechter, Co-chairs; William Allen, Fran Amos, Elizabeth Bauer, Beverly Blaney, Thomas Carli, Patricia Caruso, Nick Ciaramitaro, Bill Gill, Joan Jackson Johnson, Gilda Jacobs, Alexis Kaczynski, Kate Lynnes, Milton Mack, Samir Mashni, Andy Meisner, Janet Olszewski, Donna Orrin, Brian Peppler, Michele Reid, Mark Reinstein, Roberta Sanders, David Sprey, Sara Stech, Rajiv Tandon, Maxine Thome, Marianne Udow, Tom Watkins.

The meeting was convened at 8:50 AM. Patrick Babcock called the meeting to order and reviewed the agenda for the day, stating that the majority of the day's meeting would be spent in work groups, finalizing preliminary recommendations. Mr. Babcock asked commissioners to consider the values they identified as a group when they finalized their recommendations. He also asked work group chairs to be prepared to report two things to the full commission at day's end:

- Two of the work group's important preliminary recommendations
- One preliminary recommendation that may have implications for another work group

Approval of April 26 Meeting Summary

The summary of the commission's third meeting (April 26) was reviewed by Patrick Babcock. A commissioner noted that the National Schizophrenia Foundation was incorrectly referred to as the National Schizophrenia Association in the summary. Also, the last names of two individuals who provided public comment were misspelled in the summary. The full meeting summary was then approved by a unanimous vote.

Updates

Public Hearings

Attendance at the four hearings was as follows: 40 persons testified in Grand Rapids; 110 in Detroit; 60 in Flint; and 48 in Marquette. Binders with public comment from the hearings were distributed to commissioners. Each binder contains a section with the key findings from all of the hearings followed by one section for each hearing that includes MDCH's summary of the hearing and the written testimony submitted by participants.

Website Public Comment

Commentary that has been received via the website thus far has been summarized by MDCH staff, and was distributed to commissioners at the meeting. This practice will continue at future meetings.

National Schizophrenia Day

Donna Orrin spoke about the National Alliance for the Mentally Ill walk for mental illness that was held on May 23 in Grand Rapids in honor of National Schizophrenia Day. She reported that between 1,200 and 2,000 people attended the walk. Commissioners were invited to attend a brief reception at the end of the meeting, sponsored by the National Schizophrenia Foundation.

Commission Milestones

The following plan for completing the work was presented to the commissioners:

- The work groups should incorporate “best practice” information from the second seminar into preliminary recommendations, and begin to finalize those recommendations today.
- Lead staff and work group chairs will finalize all the recommendations by June 18.
- The Project Management Team will consolidate the recommendations for presentation to the commission at the June 28 meeting. That will be the first look at the “whole.” The rest of the summer will be used for deliberating and refining the recommendations.

Lunch Presentations

Robert Bernstein, Executive Director, Judge David L. Bazelon Center for Mental Health Law; *Daniel B. Fisher*, Executive Director, National Empowerment Center.

Work Group Reports

The chair of each of the work groups reported to the full commission their group’s top two preliminary recommendations and recommendations for consideration by other work groups.

Group 1: Rights and Advocacy

The two preliminary recommendations reported by this group are as follows:

- State Recipient Rights Office should be made a Type I/autonomous agency within the MDCH or another part of the executive branch. This state-run recipient rights agency would become a “one-stop shopping” center for all rights matters. Local recipient rights offices (currently part of CMHSPs) would be turned into local or regional offices that are staffed by and totally responsible to the state office. The State Recipient Rights Office would have an ombudsman function to engage in education, training, and assistance to primary and secondary mental health consumers in navigating this and other human services systems. The agency would have the authority to levy financial and operational sanctions against CMHSP networks.
- An independent organization should be created, which would consist of representatives of state and local government, including the Michigan surgeon general, consumers, advocacy organizations, and advertising and public relations industries to create a continuing campaign to educate the public that mental illness is physical illness.

This group identified several issues they believe should be considered by other work groups:

- Some service recipients are subjected to cruel, excessively harsh (and often counterproductive) procedures. (Refer to groups on children, adults, and criminal justice/human service interface, to examine practices in various settings such as schools, nursing homes, and jails.)
- There should be services to those families where an elderly parent is taking care of an adult child with serious mental illness, to help them plan for the future of the consumer. (Refer to group on adults.)
- Families are often forced to give up custody of a minor child in order to receive mental health treatment for that child. (Refer to group on children.)
- Persons with mental illness may lose custody of minor children when seeking treatment. (Refer to groups on adults and children.)
- Confidentiality laws, particularly the interpretation of HIPAA, are inconsistently applied by different providers. (Refer to group on governance/structure.)
- There is no meaningful, cross-system infrastructure for providing high-quality mental health care treatment in either the public or private sector in Michigan. (Refer to group on governance/structure.)
- There is a need for involuntary commitment in cases of substance abuse, which is defined as a psychiatric disorder in DSM-IV. (Refer to groups on adults, children, and criminal justice/human service interface.)

Group 2: Supports and Services for Children and Families

The two areas of concern reported by this work group are:

- Funding, lack of funding, and funding differentials across counties that result in uneven and inadequate availability of services and resources
- The need for development of a collaborative system of service with the child welfare, juvenile justice, substance abuse, and education systems for children with mental health issues. Fiscal, policy, administrative, and clinical cooperation are needed to enhance benefit and achieve efficiencies.

The group believes that the criminal justice work group should incorporate early assessment and diversion into its recommendations; and the governance, structure and accountability will need to address the issue of creating blended funding.

Group 3: Supports and Services for Adults

The two preliminary recommendations reported by this work group are as follows:

- MDCH should assure an array and continuum of acute, intermediate and long-term services that are standardized statewide in quantity and quality with a goal of recovery (to be defined). These services would be determined by an appointed ongoing committee representing all stakeholders. It would provide continuous assessment and accountability for services based on both process and outcomes.

- There should be a quality component for all services. This would include clinical accountability, peer review, appeals process, and customer satisfaction. The overarching goal should be uniform access to a core set of high-quality services.

Group 4: Criminal Justice

This work group developed a sequence of services that should be available to individuals with mental health problems who interface with the criminal justice system. Appropriate services should be available at the following specific points in time to best address the needs of these individuals:

- Pre-entry
- Pre-entry diversion
- Treatment in jail/prison
- Follow-through upon release

The group also identified “contributing factors” that need to be addressed, including:

- Continuity of services across the board
- Education and training
- Collaboration
- Funding incentives to move toward the goals identified by the commission.

The group recommends evaluating the cost-effectiveness of the entire system.

Group 5: Governance, Structure, Finance, and Accountability

The two preliminary recommendations reported by this work group are as follows:

- CMHSPs should be consolidated into at most 18 regional authorities/PIHPs. These 18 authorities would integrate mental health and substance abuse services and collaborate with physical health, public health, FIA, corrections, and education to deliver services effectively and efficiently to persons with mental illness.
- Waiver options should be investigated, with the goal of giving the State the greatest flexibility in benefits and covered populations and the least risk of losing current and future funding, including federal matching dollars.

The following issue overlaps with the work of the Rights and Advocacy work group:

- The issue of involuntary treatment. This work group has not yet reached consensus on a preliminary recommendation in this arena.

Proclamation of National Schizophrenia Awareness Day

Rajiv Tandon, Donald Williams, Eric Hufnagel, and Joanne Verbanic spoke about the National Schizophrenia Foundation, the origins of National Schizophrenia Awareness Day, and read Governor Granholm’s proclamation of May 24 as National Schizophrenia Awareness Day in Michigan. Joanne spoke specifically about her life with schizophrenia and the fact that people living with the disease can lead productive lives. The group encouraged the commission to review the packets of information they handed out and

asked the commission not to be afraid to challenge the current mental health system. Dr. Tandon asked the commission to look at success in terms of the number of people whose lives have been improved through treatment and to use that as the basis for developing an outcomes-based system.

Discussion

Some commissioners expressed an interest in getting public comment after the preliminary recommendations are released. Patrick Babcock reiterated the commission's plan to obtain public comment on preliminary recommendations and noted that the commission should identify options for obtaining public comment, including the possibility of additional public hearings and posting recommendations on the website. He said that commissioners should always be attuned to the public, through various meetings and the website.

Commissioners discussed the need to compare the recommendations of the work groups to recommendations that have come from national reports such as the New Freedom Commission's report, *Achieving the Promise: Transforming Mental Health Care in America*. Public Sector Consultants is working on creating a crosswalk between the recommendations of the national commission and other state mental health commission reports and the work group topics of the Michigan Mental Health Commission.

Public Comment

Bob Dillaber—consumer from Oakland County and a board member of Oakland County CMH. Dillaber spoke about the recent NAMI Michigan walk at Belle Isle. He also noted the need to improve services for people with a dual diagnosis, the need to reach people with a mental illness earlier (through more outreach programs), and the need to utilize consumers more in the actual delivery of mental health services.

Cheri Mollison—representing Michigan Office of Services to the Aging. Mollison spoke about the OSA work group on aging and mental health and recommended that the commission obtain input from the aging community on the issues being discussed. She noted that the needs of older adults should be considered when looking at mental health issues and said that work force issues should also be considered.

Jim Dehem—CEO of Community Living Services. Introduced speaker Tom Nerney.

Tom Nerney—Director of the Center for Self Determination based in Ann Arbor. Nerney provided several papers to commission members regarding self-determination and independent living for persons with a mental illness. He spoke about several efforts around the country that address supports to persons with a mental illness and the importance of self-determination.

Doug Morton—CEO of Pathways CMH. Morton supported the current Office of Recipient Rights (ORR) system, calling it efficient and unbiased. He said that a new ORR system is not needed, as there is already an external rights system through Michigan Protection and Advocacy office. He noted that benefits of the current ORR system include experienced staff, continuous training, etc. Morton also supported the existing CMH system of PIHPs and CMHs and recommended that they not be combined because

both are necessary to do the job. He encouraged mergers of CMHs when the time is right and they are ready.

Fred Cummins—President of NAMI, Oakland County chapter and father of a daughter with a mental illness. Cummins spoke about a NAMI resolution to reform the CMH system (handout for commission members) and recommended that the commission shape the system using consumer input. He said that CMH board meetings focus on finances, not problems experienced by consumers, with an emphasis on balancing the budget rather than serving people. He noted a need for efficient, equitable and timely services for persons with a mental illness, more training for direct care staff, and reduction of job turnover. Cummins said that new technologies are not being used and called for the most state-of-the-art services. He also said that the CMH system should be returned to management by the state to eliminate politics at the local level.

Cindy Schafer—COO of North Care PIHP. Schafer said that CMHs struggle to meet the needs of persons with a mental illness who are not considered to be seriously and persistently mentally ill. She noted that limited dollars are available from general fund payments to serve this population and spoke about the need to educate the public on how to access mental health services.

Gail Hall—Deputy CEO of Pathways CMH. Hall spoke about the need to focus on specific areas of concern regarding the CMH system rather than a complete overhaul of the current system. He mentioned the experience of existing CMHs serving persons with a serious and persistent mental illness. Hall questioned the need for multiple rules and regulations (e.g., accreditation standards, federal and state regulations, etc.) as this overburdens the CMHs. He advocated simplifying and streamlining these rules as well as the grievance and appeal process. He recommended improving technology by using video conferencing and other state-of-the-art methods.

David LaLumia—Executive Director of the Michigan Association of Community Mental Health Boards (MACMHB). LaLumia spoke about the MACMHB vision and values statement (handout for commission members) that focuses on the coordination of CMH services with MDCH. He said that shrinking general fund budget is a major problem and noted a need to expand these funds, address criminal justice/mental health issues, and address the Medicaid spend-down issue. He also advocated integration of care at the local level and keeping the concept of “community” when considering CMH services.

Steve Ruskin—consumer from Oakland County and a board member of Oakland County CMH. Ruskin spoke about importance of mental health services for the elderly, citing the example of his father’s need for mental health services before he died.

Audrey Matisoff—AIDS Network of Lansing. Matisoff spoke about the need for mental health professionals to be more aware of the needs of persons who have AIDS. She discussed several issues related to AIDS (handout for commission members) including the laws regarding a person’s status/confidentiality, treatment options and side effects, cultural competence in treating the mental health needs of persons with AIDS, dual diagnosis (substance abuse and mental illness), etc.

Sheri Rushman—Consumer education specialist and recovered consumer from Oakland County CMH. Rushman spoke about the importance of educating consumers about their mental illness and providing consumers with opportunities to participate. She said that consumer mentoring services are beneficial and should be supported, as should employment services, in the CMH system. She noted that consumer empowerment leads to hope and recovery and said that people can recover when adequate opportunities are available.

Edna Beemer—consumer from Oakland County. Beemer spoke about the importance of drop-in centers and presented several examples of the services/activities that are provided by these centers. She noted the importance of educational programs in areas such as person-centered planning and self-determination.

Mary Suffonick—parent of a son with a serious emotional disturbance from Jackson County. Suffonick spoke about the many problems she and her husband experienced in accessing services for their son and said that many times their son was not considered sick enough to qualify for the services that they felt he needed. She spoke about services from Lifeways CMH that didn't meet her son's needs. The boy served a jail term for stealing a car from a residential treatment program where he was living and ultimately committed suicide. Suffonick felt that her son's life could have been different if he had received the appropriate mental health services when he most needed them.

Chris Covetz—representing the Depression and Bipolar Support Alliance. Covetz spoke about the adverse side effects of some psychotropic medications and the need for parity in providing mental health services. Covetz praised the Rose Hill residential treatment facility as a beneficial program.

Pam Casper—consumer. Casper spoke about the new Medicare prescription drug program and the limitations on coverage for some people after they reach a maximum dollar amount. She said that people who are taking psychotropic medications might decompensate if they can't continue their regular prescriptions.

Adjournment

The next commission meeting will be held on June 28 in Lansing at the Holiday Inn South.